



EDITORIAL

Sumamus exordio: International Journal of Transgender Health

Over the past few years of editing the Journal, the Associate Editorial Board and I have been trying to establish IJT as a competitive, internationally renowned, valuable vehicle for scholarship and new thinking in theory and practice in transgender health. We shared a vision for the future for IJT with you in the editorial entitled “Moving forward” in 2016 (Bouman, 2016), and we set out 3 objectives to achieve for IJT in the editorial “A year on” to become one of the leading academic journals in the field of transgender health (Bouman, 2018). These objectives included (1) to obtain an impact factor; (2) to obtain PubMed Central (PMC) inclusion; and (3) a name change of IJT. In addition, we also made a pledge to support involvement and meaningful collaboration with community stakeholders for all research in transgender health (Bouman et al., 2018; T’Sjoen, Motmans, Arcelus, & Bouman, 2017).

In this editorial, we want to update and share some good news with you regarding the achievement of the aforementioned objectives and our further vision of the future of our journal.

Firstly, IJT became listed by Thomson Reuters, formerly Institute for Scientific Information and in June 2019 our first Impact Factor (IF) for 2018 was announced as 2.345. This is a measure based on yearly citations of articles published in IJT. The IF is the result of a calculation which adds up the number of papers (excluding such ephemera as conference abstracts, editorials, letters, news items and book reviews) published in a journal in the two previous years (the denominator) and then divides that figure into the number of times any papers published in the journal in the previous two years have been cited in peer-reviewed journals in the current year (the numerator), thus giving a figure for the number of times an “average” paper, from a particular journal’s previous two years’ worth of issues, has been cited during the year under consideration. Some universities use the IFs of journals in which an individual academic has published as a crude way of measuring the importance of that person’s research, so publishing in high impact journals is a goal to which many academics (and universities) aspire. Although the value of using IFs as a crude measure of a journal’s worth is debatable, we currently operate within this context, and a journal with a high IF is more likely to attract quality submissions (and thus maintain or raise its IF further) than one with a low IF or no IF listing at all. Top journals, which

publish in the field of transgender health, such as *LGBT Health*, *Journal of Sexual Medicine*, *Archives of Sexual Behaviour*, and *Journal of Sex Research* have a current impact factor of between 3.0 and 4.0. Compared to them, IJT has made a promising start with 2.345! This is very good news as we exceeded expectations our publisher (Taylor & Francis) had for us regarding our first IF.

Secondly, our PubMed Central (PMC) application has been accepted and IJT has past the “technical check” with PMC, so our publisher Taylor & Francis will start uploading IJT content from 2018 onwards. Being included in PubMed will significantly increase the exposure for IJT, and all manuscripts published there, and will also mean that our impact factor will continue to grow. More exposure for IJT internationally also further contributes to the prestige of our organization, the World Professional Association for Transgender Health (WPATH) of which IJT is its official journal, as well as to the growth of the interdisciplinary and evolving field of transgender health. As ever, we continue to encourage WPATH members to submit empirical research papers and systematic and meta-analytical literature reviews!

Thirdly, IJT has been renamed *International Journal of Transgender Health* (IJTH) to reflect a change toward more appropriate and acceptable use of language in our field. The last decade in particular has seen a significant and positive progression in this area, particularly with regard to health care. Indeed, the language used in this field has been in an almost constant state of redefinition and refinement, with new terms discarded, old ones reclaimed (Meier & Labuski, 2013; Wylie, 2015), and new language proposed (Ansara & Hegarty, 2012; Moser & Devereux, 2019) according to the degree to which it embraces a respectful, nonpathologizing, human rights-based perspective (Bouman et al., 2017).

Finally, from January 2020 onwards, our journal will expect authors to report the extent of community stakeholder involvement in all submitted [clinical] research. In addition, we will require authors of clinical research papers to provide details of how they intend to disseminate results to the participants of their research as well as the relevant communities (Bouman et al., 2018). This requirement will make us conform to other leading journals. If you have any questions about the *International Journal of Transgender Health*, please don’t hesitate to contact me as Editor-in-Chief, or indeed any of my colleagues on the Associate Editorial Board. On behalf of

the Associate Editorial Board, we thank you for reading and contributing to our Journal!

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Editor-in-Chief

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